

Arkansas Health Information Technology Task Force Meeting



**DR. JOSEPH THOMPSON
SURGEON GENERAL
APRIL 07, 2010
GILBREATH CONFERENCE CENTER
CONFERENCE ROOMS 10 & 12
BAPTIST HEALTH
10:00 AM TO 12:00 PM**

New State Coordinator for Health Information Technology



RAY SCOTT

Draft Sections of the Strategic Plan



GOVERNANCE

FINANCE

TECHNICAL INFRASTRUCTURE

BUSINESS AND TECHNICAL OPERATIONS

Arkansas Health Information Exchange Governance Workgroup



DRAFT STRATEGIC PLAN

**PRESENTATION TO
HIT TASK FORCE**

APRIL 7, 2010

Required Components for the Strategic Plan



- **Collaborative Governance Model**

Strategic plan must describe the multi-disciplinary, multi-stakeholder governance entity including the membership, decision-making authority, and governance model.

- **State Government HIT Coordinator**

The Strategic plan must identify the state government HIT Coordinator. The plan must describe how the HIT Coordinator will interact with the federally funded state health programs and also the HIE activities within the state.

- **Accountability and Transparency**

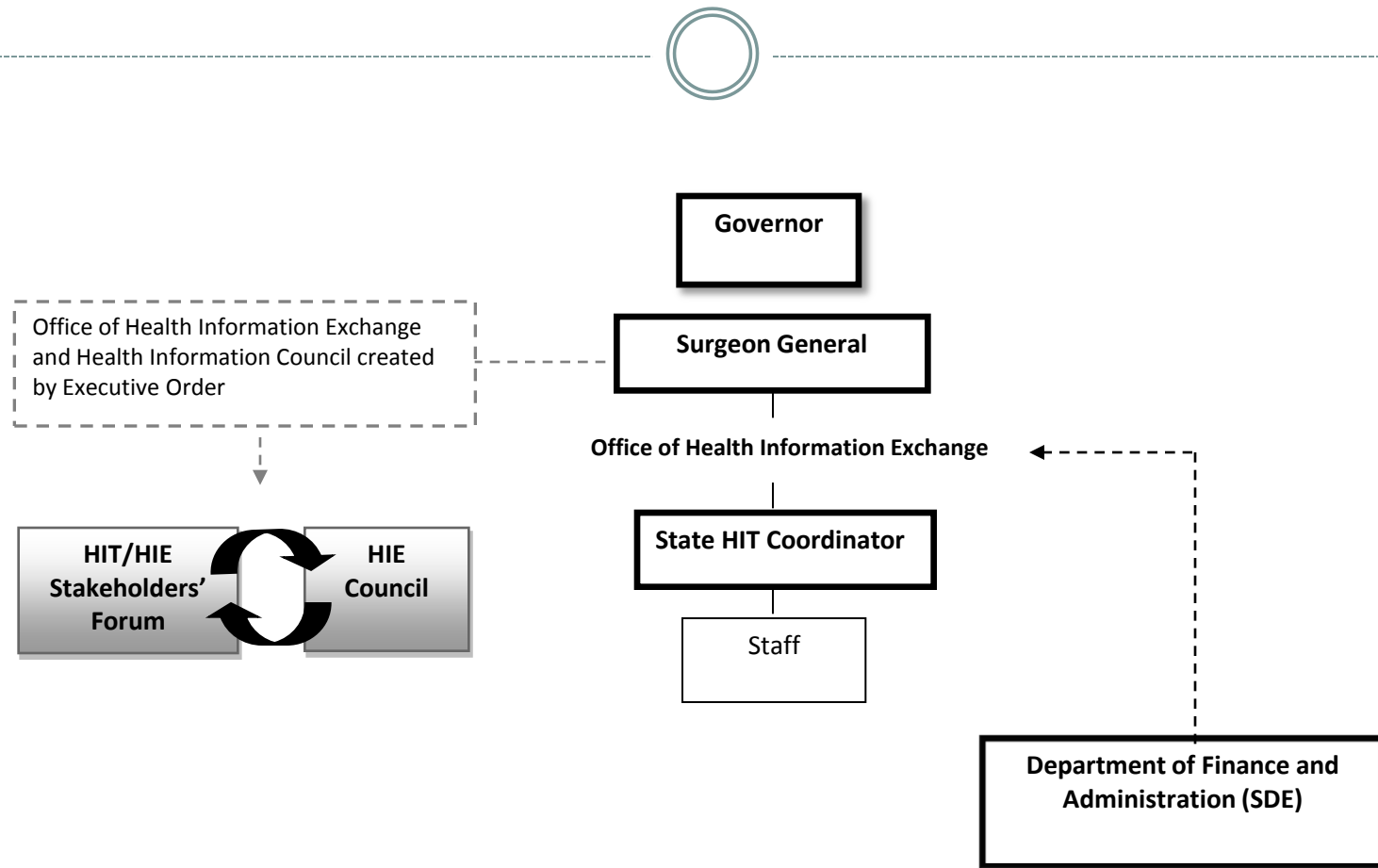
To ensure that HIE is pursued in the public's interest, the strategic plan must explain how HIE accountability and transparency will be addressed.

Phased Approach



- The governance structure must be flexible enough to accommodate the SHARE network as it evolves and matures. Therefore:
 - The workgroup recommends two phases to governance
 1. Phase 1 will be a state-led, collaborative model
 2. Phase 2 will transition to a more public/private model

Phase 1 Governance Structure



Phase 1



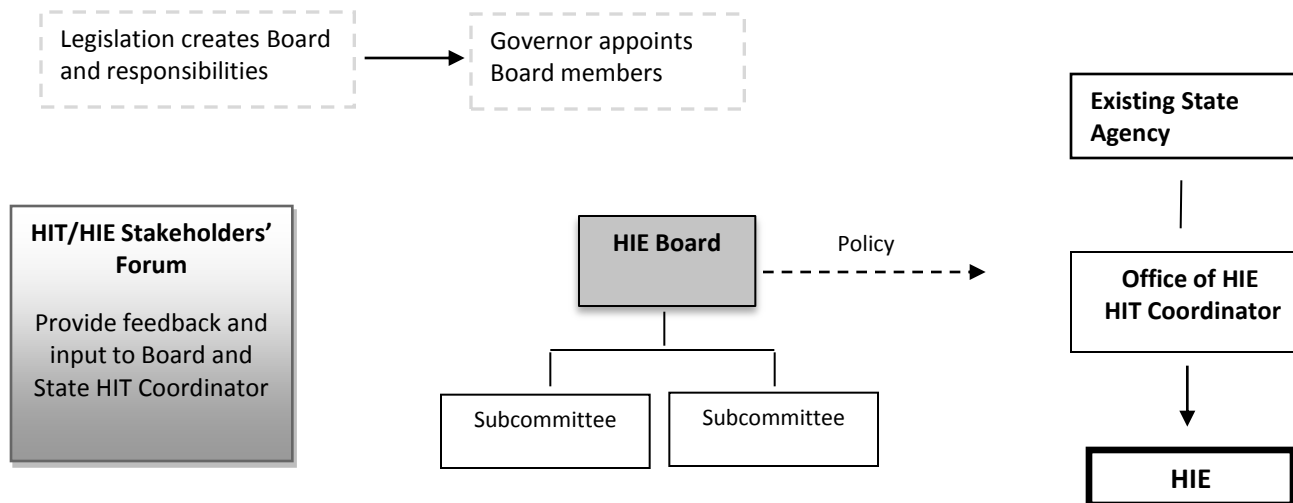
- Office of HIE and HIE Council established by Executive Order
- HIT Coordinator (Ray Scott) will head the Office of HIE
- HIT Executive Committee transitions to HIE Council
- Existing HIT Taskforce will become the HIE/HIT Stakeholders' Forum

Phase 2 Governance Model



- The goal of this model is to allow stakeholders an even more prominent role in the decision making and oversight processes of SHARE
- An HIE Board will be formalized through legislation
- The Office of HIE will be housed within an existing state agency

Phase 2 Governance Structure



HIE Board



- Governor appoints 3 at large representatives
 - Arkansas Medical Society-2 representatives
 - Arkansas Hospital Association- 2 representatives
 - Community Health Centers of Arkansas- 1 representative
 - Arkansas Pharmacists Association- 1 representative
 - Home Health Association-1 representative
 - Health Care Bureau- Office of Attorney General-1 representative
 - Health Care Association-1 representative
 - Osteopathic Association-1 representative
 - Arkansas Department of Health-1 representative
 - Arkansas DHS- 1 representative
 - Arkansas Nurses Association- 1 representative
 - Arkansas Dental Association-1 representative
 - Payer- 1 representative
- * Workgroup is in favor of reducing the number of members so long as there was a stakeholder body to ensure participation

Arkansas Health Information Exchange Finance Workgroup



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Finance Strategic Plan Proposal



- 2010-2013 basic budget already developed
- Financing based on Key Assumptions and Finance Principles in draft Strategic Plan
- Initial functionalities (defined by BTO & TI) funded almost entirely by Cooperative Agreement funds
- Sustainability based on assumption of creating utility-type financing model blended with private investment
- Additional/future functionalities funded through public or private grants, private investment or excess user fees

Finance Strategic Plan Proposal



- **Budget:**
 - Blends public funding, private investment and user fees
 - Three phases:
 - ✦ Phase 1 – pilot/proof of concept
 - ✦ Phase 2 – implementation/operational
 - ✦ Phase 3 – sustainability
 - Some direct financing expected from some state agencies with SHARE needs (DHS, DOH, Insurance Dept)
 - Indirect financial contributions from other HIT-related programs (ie UAMS telemedicine, AFMC certifying for MU incentives, ATOM broadband project)

Finance Strategic Plan Proposal



- **Public Funding:**
 - \$7,909,401 federal funding for 2010-2013
 - \$600,000 state matching funds appropriated for 2010-2013
- **Private Investment:**
 - Public-private model, hope to attract private investment
- **User fee/rate structure:**
 - Basic “utility-type” fee with various packages of services (similar to options for cable TV and cell phones)
 - Fees for value-added services are being explored (ie public health reporting, data services, providing patient health record, etc.)
 - More specific information will be in Operational Plan, emphasis on making sure fee structure promotes use

Arkansas Health Information Exchange Technical Infrastructure Workgroup



DRAFT STRATEGIC PLAN

**PRESENTATION TO
HIT TASK FORCE**

APRIL 7, 2010

HIE Technical Infrastructure Overview



- Standards-based exchange of health information
- Incrementally migrate from basic to full integration as standards and technologies evolve
- Capitalize on existing community, private, and public health information exchanges
- Proof of concept migrating to full implementation
- Prioritized focus for interoperability and meaningful use
 - Clinicians
 - Citizens
 - Public Health entities
 - Payers (private and public)

HIE Technical Infrastructure



- Core Functionality
 - Services for **transmission** of structured healthcare data between certified systems
 - Master patient index (MPI)
 - Master encounter index/record locator service (RLS)
 - Master provider index
 - Request, view, and transmit information
 - Validate user identity and authentication

Design Principles and Requirements



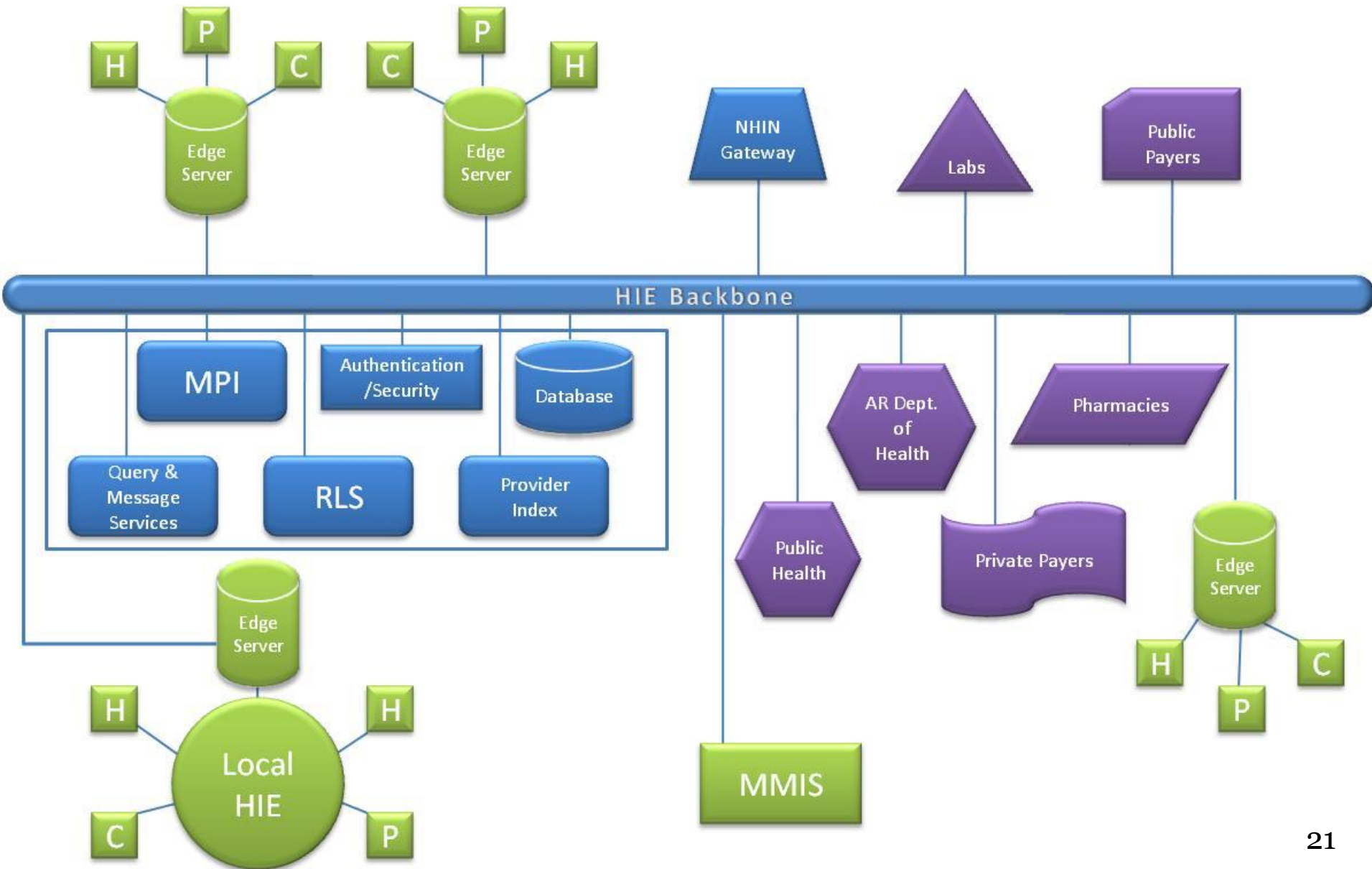
- **Vendor “neutral”**, i.e. non-proprietary
- Rely upon a **network infrastructure** to provide exchange services
- **Hybrid** architecture, not totally centralized nor decentralized
- Facilitate **exchange** of information
- Employ **interoperability standards** and interoperate with existing “exchanges”
- **Scalable & expandable**
- **Security, authentication, and privacy**

Design Principles and Requirements (Cont'd)



- Standard **data storage and management** protocols
- Supported by **business continuity and disaster recovery** processes

HIE Technical Architecture Schematic



Arkansas Health Information Exchange Business and Technical Operations Workgroup



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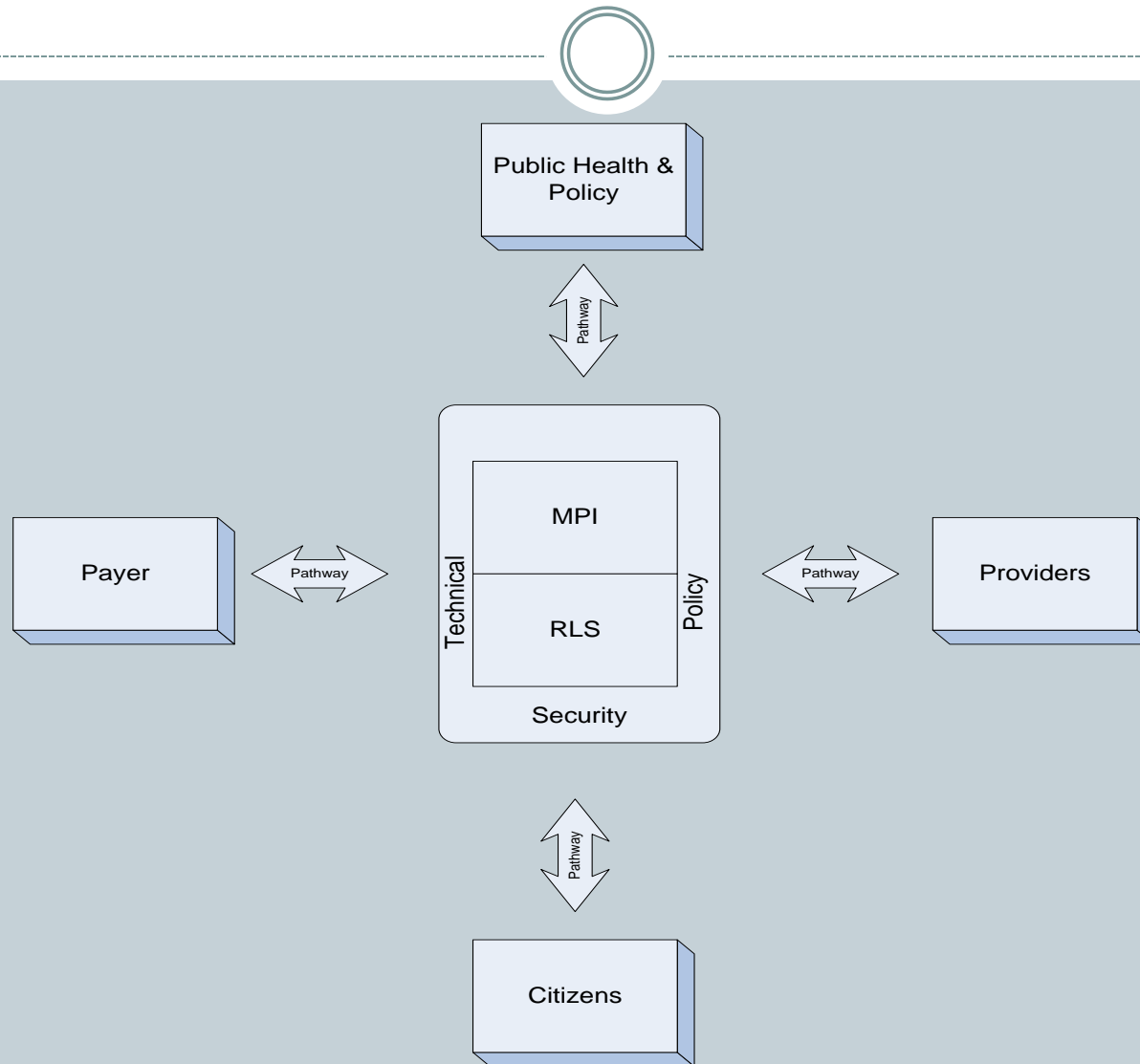
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Operational Responsibilities



- The Arkansas Office of HIE will be administratively housed in the Arkansas Department of Finance and Administration.
- The Office will be led by the State Health Information Technology Coordinator, appointed by the Governor of Arkansas.
- The early stages of the HIE, focusing on technical development, education awareness and integration into the Arkansas health care.

Proposed Basic Health Information Exchange Business Model



HIE Functional Components



- **Master Patient Index (MPI)**
 - Patient identification and reconciliation
- **Record Locator System (RLS)**
 - Location of patient records
- **Security and Policy**
 - Security and authorization protocols necessary to ensure data security and quality
- **Technical**
 - Appropriate technical solutions for hardware and software needs

Coordination with Medicaid



- Consistent with and can enable implementation of the Medicaid meaningful EHR use incentives.
 - Goals
 - ✦ promote healthcare quality
 - ✦ promote health information exchange through the use of certified EHR technology.
- Medicaid business processes will need to align with the capabilities of the statewide HIE to support interoperability.

Coordination with Public Health



- **HIE and Public Health Meaningful Use Criteria**
 - Generate lists of patients by specific conditions to use for quality improvement, reduction, of disparities and outreach
 - Capability to submit electronic data to immunization registries and actual submission where required and accepted
 - Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice
 - Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities

Acquiring and Maintaining State Human Resources



Primary Resource Areas

- Operational staffing
- Technical support
- Training and education

Acquiring and Maintaining State Human Resources



Operational Staffing

- Compliance
 - Responsible for ensuring the HIE network's continued compliance with Federal and State privacy and security laws (for example, HIPAA and GINA)
- Medical Coordination
 - Responsible for defining and coordinating the collaborative efforts between medical providers, public health, and quality initiatives
- Financial
 - Responsible for grant management, billing, general accounts receivable and payable, and necessary financial reporting.

Acquiring and Maintaining State Human Resources



Operational Staffing

- Operations

- Responsible for overseeing the operational functions of the SHARE network to include managing any contractual relationships, ensuring proper training is provided on the use of the network, and facilitate technical support for the SHARE network.
 - ✦ Many of these functions may be contracted out to a third party vendor but this area will be responsible for managing the vendors.

- Administrative

- Responsible for the administrative tasks required to support the HIE Council/Board, the office staff, and communications with stakeholders.

Acquiring and Maintaining State Human Resources



Technical Support

- Provide a high level of availability to all end users and functionality, including:
 - Analysis of stakeholder systems in regards to connectivity to the SHARE network
 - Ensuring the ongoing technical security of the network
 - Collaboratively troubleshooting connectivity issues with stakeholders' technical resources
 - Maintaining the Master Patient Index, Record Locator Service, and the secure messaging components of the network
 - Procuring and maintaining appropriate hardware to ensure the sustainability of the network

Acquiring and Maintaining State Human Resources



Technical Support

- Provide a high level of availability to all end users and functionality, including:
 - Developing appropriate contingency and disaster recovery plans to ensure a viable system
 - Ensuring end users are provided with appropriate technical training and resources to successfully utilize the network

Training and Education

- Workforce development
- Health system staff training

Recommendations



- **HIE Functional Components**
 - Master Patient Index (MPI)
 - Record Locator System (RLS)
 - Security and Policy
 - Technical
- **Coordinate with Medicaid**
 - MMIS criteria
- **Coordinate with Public Health**
 - Stage 1 and 2 Meaningful Use criteria

Recommendations



- Primary Resource Areas / Staffing Requirements
 - Operational staffing
 - ✦ Compliance
 - ✦ Medical Coordination
 - ✦ Financial
 - ✦ Operations
 - ✦ Administrative
 - Technical support
 - Training and education
 - ✦ Workforce development
 - ✦ Health system staff training

REC Update

